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County of San Diego  
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Attorneys for Defendant Francis Gardiner  
(Erroneously sued as F. Gardish Gariner)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF CALIFORNIA**

JESSIE W. JONES,

Plaintiff,

v.

F. GARDISH GARINER,

Defendant.

No. 14cv2477-MMA-MDD

**NOTICE OF FILING OF EXHIBITS IN  
SUPPORT OF SUMMARY JUDGMENT**

Date: January 11, 2016

Judge: Hon. Michael M. Anello

Please take notice that the following exhibits are filed with the court in support of  
Defendant's Motion for Summary Judgment:

Exhibit A: Compilation of Incident Video attached to Declaration of Francis Gardiner;

Exhibit B: Incident Video attached to Declaration of Captain James Madsen;

Exhibit C: Claim against County of San Diego attached hereto.

DATED: November 13, 2015 THOMAS E. MONTGOMERY, County Counsel

By s/MELISSA M. HOLMES, Senior Deputy  
Attorneys for Defendant Francis Gardiner  
(Erroneously sued as F. Gardish Gariner)  
E-mail: melissa.holmes@sdcounty.ca.gov

No. 14cv-2477-MMA-MDD

# EXHIBIT “C”



**CLAIM AGAINST THE COUNTY OF SAN DIEGO**  
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

COUNTY OF SAN DIEGO

2014 MAR 28 AM 11:50

CLAIMS DIVISION

Received by  
U.S. Mail  
Inter-Office Mail  
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File No: \_\_\_\_\_

A claim must be filed with the Claims Division of the County of San Diego within 6 months after which the incident or event occurred. Be sure your claim is against the County of San Diego, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph and number. Completed claims must be mailed or delivered to:

County of San Diego, Claims Division, 1600 Pacific Highway, Room 355, San Diego, CA 92101- Phone (619) 531-4899

**TO THE HONORABLE BOARD OF SUPERVISORS – THE COUNTY OF SAN DIEGO, CALIFORNIA**

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

Claimant Information		
Last Name <i>Jones</i>	First Name <i>Jessie</i>	Middle Name <i>Willard</i>
Street Address <i>1111 Menerva DR</i>	City <i>San Diego CA</i>	Zip <i>92114</i>
Home Phone (include area code) <i>(619) 665-6593</i>	Work Phone (include area code)	E-mail Address
Birth Date <i>1-10-74</i>	Driver's License Number <i>A6122941</i> ID-Number <i>EXP-2019</i>	
Name, telephone and post office address to which claimant desires notices to be sent, if other than above:		
Claim Information		
Date of Occurrence or Event from which the claim arises: <i>Nov 29, 2013</i>	Time of Occurrence or Event from which the claim arises: <i>9:00 PM</i>	
Location, including address (if none, nearest cross street) and city: <i>George Bailey Facility 446 Alta Rd Suite 5300 San Diego CA 92158</i>		
Specify the particular occurrence, event, act or omission you claim caused the injury or damage (use additional paper if necessary): <i>I was Hand cuffed, He put them on both right and bent my left Hand, it gave a popping sound and there was a pain. I was put in a Holding cell for 2-Hours</i>		
State how or wherein the County of San Diego or its employees were at fault. Give the name(s) of the County department and employee(s) causing the damage or injury: <i>George Bailey Facility f. Gardisth gardiner, I was placed in Tight Hand cuffs my left Hand was bent and gave a popping sound and I was place in Holding cell for 2-Hours, and Have Nerve Damage to Hand's-goes against my 4th Amendment</i>		

CD1 (Rev. 6/11)

(Cont.)

Give a description of the property damage or loss, as is known at the time of the claim: <u>They Removed Two Store bought Items, Orange breakfast DRINKS They were suppose to Refund my money but Haven't.</u>		
Give a description of the injury, as is known at the time of the claim: <u>pain to left wrist and Right and in my arm, plus numbness and Nerve Damage</u>		
Social Security Number (required for Federal reporting requirements):		
Name and address of any other person injured:		
Name and address of the owner of any damaged property:		
<b>Damages Claimed</b>		
Amount claimed as of this date:	\$ <u>80.000</u>	
Estimated amount of future costs:	\$ <u>open</u>	
Total amount claimed:	\$ <u>80.000</u>	
Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc):		
<b>Damaged Vehicle (if applicable)</b>		
Make:	Model:	Year:
License Plate Number:	Mileage:	
Insurance Company:	Policy Number:	
<b>Additional Information</b>		
Names and Address of witnesses, hospitals, doctors, etc:		
A. <u>Jamal Bradley</u>		
B. <u>Ronald Foster</u>		
C.		
Any additional information that might be helpful in considering this claim:		
<u>fill out</u>		

➤ WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (PENAL CODE § 72; INSURANCE CODE § 556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this Jesse Jones day of Feb-24, 2014 at 9:00 AM SOCF

\_\_\_\_\_  
Claimant's Signature

GOVERNMENT TORT CLAIM FORM

(PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED)

CLAIM AGAINST f, Gardish Gardiner (NAME OF PUBLIC ENTITY).1. CLAIMANT'S NAME: Jessie Jones W2. CLAIMANT'S MAILING ADDRESS: 7411 Menemba DR  
(ADDRESS)San Diego Ca 92114  
(CITY) (STATE) (ZIP CODE)3. AMOUNT OF CLAIM: set forth Amendment, Unwritten agreement to use excessive force on inmate, assault and battery, malicious and sadistic intent.  
IF THE AMOUNT CLAIMED EXCEEDS TEN THOUSAND DOLLARS (\$10,000), THE AMOUNT OF THE CLAIM SHOULD BE UNSPECIFIED AND CLAIMANT SHOULD INDICATE THE TYPE OF CIVIL CASE:☐ LIMITED CIVIL CASE (\$25,000 OR LESS)☒ NON-LIMITED CIVIL CASE (OVER \$25,000)

4. ITEMIZATION OF CLAIM: (How was the amount claimed above computed; list items totaling amount set forth above, including damages for pain and suffering, if applicable). IF YOU HAVE SUPPORTING DOCUMENTATION FOR THE AMOUNT CLAIMED (BILLS, RECEIPTS, ETC.), PLEASE ATTACH THREE (3) COPIES TO THIS CLAIM.

ITEM

DOLLAR AMOUNT

<u>Nerve Damage to Hands.</u>	<u>\$40.000</u>
<u>pain and suffering.</u>	<u>\$30.000</u>
<u>mental stress.</u>	<u>\$10.000</u>

(CONTINUE ITEMIZATION ON SEPARATE SHEET, IF NECESSARY)

5. ADDRESS TO WHICH NOTICES ARE  
TO BE SENT IF DIFFERENT FROM  
LINES 1 AND 2:Jessie Willard Jones  
(NAME)515 13th Street Apt # 213  
(STREET OR P.O. BOX NUMBER)San Diego Ca 92101  
(CITY) (STATE) (ZIP CODE)

EXHIBIT C

6. DATE & TIME OF ACCIDENT OR LOSS: Nov-29-2013, 9:00 PM

7. LOCATION OF ACCIDENT OR LOSS (INCLUDE CITY, COUNTY, AND STREET ADDRESS, INTERSECTION, ROAD NUMBERS OR MILE MARKER):

George Bailey facility, 446 Alta Rd Suite 5300  
SD ca 92158

8. HOW DID THE ALLEGED ACCIDENT OR LOSS OCCUR? STATE ALL FACTS WHICH SUPPORT YOUR CLAIM AGAINST THE PUBLIC ENTITY:

I was placed in Hand cuffs, He put on real tight  
Belt left Hand, there was a pop and slight  
pain. Then I was put in a cell Hand's behind  
my Back and left for 2 Hours. couldn't use bath  
Room or get water. I was treated really inhuman  
(CONTINUE ON SEPARATE SHEET, IF NECESSARY)

9. DESCRIBE INJURY / DAMAGE / LOSS: pain in left Hand, and  
in arm at times. a lot of numbness and at  
times I can't move my 2 small fingers.  
like I have Nerve Damage  
(CONTINUE ON SEPARATE SHEET, IF NECESSARY)

10. NAME OF PUBLIC EMPLOYEE (S) CAUSING INJURY / DAMAGE / LOSS, IF

KNOWN: F. Gardish, Gardiner

11. SIGNATURE OF CLAIMANT OR ATTORNEY/REPRESENTATIVE:

X Jessie Jones DATED: 3-24-14

12. DAYTIME TELEPHONE NUMBERS (PLEASE INCLUDE AREA CODE)

CLAIMANT

(619) 665-6593

ATTORNEY/REPRESENTATIVE

( )

#### NOTICE

SECTION 72 OF THE PENAL CODE PROVIDES:

"EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, OR TO ANY COUNTY, CITY, OR DISTRICT BOARD OR OFFICER, AUTHORIZED TO ALLOW OR PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING," IS GUILTY OF EITHER A MISDEMEANOR OR FELONY AND MAY BE SUBJECT TO IMPRISONMENT AND/OR A FINE.